

OFFICE USE ONLY:

Date Submitted: _____

PZE # _____



Commercial Building Permit Application

Submit with (2) printed drawings and (1) CD copy **PDF** format

Signed Plat to be included with drawings

*** Health Department letter is required at the time of submittal.**

(Mark X on (1) category) Commercial Projects:	Accessory Bldg.	New Commercial Bldg.	Deck/ Ramp	Demo	Fence/ Retaining Wall	Impervious Surface
Other: _____	Multi Family	Repairs/ Tenant Finish	Room Addition	Roof	Tanks/ Tents Towers	Pools

Applicant: _____ Phone: (____) ____ - _____

Owner: _____ Address: _____

City: _____ State: _____ Zip: _____

Project Name: _____ Project Value \$ _____
(Dollar Amount)

Project Address: _____

Building: _____ # Stories: _____ # Rooms each Bldg: _____ # Restrooms: _____

The following items require a separate review and permit:

Swimming pools, Fences, Retaining Walls and Signs

DESCRIPTION OF ALL WORK:

INCLUDE FIRE DAMAGE, INTERIOR/EXTERIOR, ADDITION, ACCESSORY & OTHER PROPOSED WORK

Signature: _____ Print Name: _____

Phone: (____) ____ - _____ Email: _____

OFFICE USE:

Plan Reviewer Notes:

Initials: _____ Date: _____

OFFICE USE:

Plan review fee: \$ _____ Date Pd: _____

Permit Fee: \$ _____ Date Pd: _____

Pmt Type: Ck# _____ CC: _____ **CASH**

Clerk: _____